

JOSEPH P KINNEARY U S COURTHOUSE
ROOM 121
85 MARCONI BLVD
COLUMBUS OH 43215



7018 1830 0000 2705 8105



US POSTAGE PAID PITNEY BOWES
ZIP 43215 \$010.61⁰
02 4W
0000359815 SEP 21 2022

FILED
RICHARD W. NAGEL
CLERK OF COURT

2022 NOV 10 PM 3:05


U.S. DISTRICT COURT
SOUTHERN DIST. OHIO
EAST DIV. COLUMBUS

U.S. DISTRICT COURT
SOUTHERN DIST. OHIO
EAST DIV. COLUMBUS

2/L
9/26/22

X-RAY
United States Marshals Service

XIE 910 CC 1 7211/01/22
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
43215282346 2347N305203-00015

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | | |
|--|--|--|----------------------------|--|
| <ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | | |
| 1. Article Addressed to: Stacey E. Yim 66 Hawking Irvine, CA 92618-1779 Re: Case No. 2:22-CV-2700 | | B. Received by (Printed Name) | C. Date of Delivery | |
|  9590 9402 5742 0003 4622 41 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No ALM-KAJ 2:22-CV-2700 | | |
| 2. Article Number (Transfer from service label) 7018 1830 0000 2705 8105 | | 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | | Domestic Return Receipt | | |